State of Tennessee
Department of Children's Services
7th Floor Cordell hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999

Standard Claim Invoice Instructions

- **Version 3 - Former Claim 12**

- **Form must be typed.**

- **Vendor Name =** The name of the organization or business that will receive payment.

- **Vendor Address =** The address of the organization or business that will receive payment.

- **City =** The name of the city where the organization or business is located that will receive payment.

- **State =** The state where the organization or business is located that will receive payment.

- **Zip =** The zip code where the organization or business is located that will receive payment.

- **Vendor Tax ID =** The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information. Be sure to include your contract number.

- **Provider Code =** Must be the following two digit codes:

    ED = Education

- **Contract Number =** Assigned by DCS and must match the contract number for the vendor requesting payment. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.

- **Rate =** The rate must match the rate on the contract for the dates being billed. There must be a rate amount on all invoices. If a contract has multiple rates, they must be billed on separate invoices.

- **Vendor Signature =** an <u>original</u> signature is required from the vendor before any payment can be made.

- **Print Name =** The printed name of the person signing the vendor signature.

- **Date Signed =** The date in <u>MM/DD/YY</u> format, including slashes, that the vendor signature was obtained.

- **Phone =** The phone number including area code of the person signing the vendor signature.

- **Service Provider =** Leave it blank.

- **Total Amount of All Pages =** This amount must equal the total of all pages that make up this invoice. An invoice can equal one or more pages but not more than one contract. <u>Do not combine more than one contract on an invoice.</u>

- **Last Name =** Child's last name for whom the goods and/or services were provided.

- **First Name =** Child's first name for whom the goods and/or services were provided.

- **MI =** Child's middle initial for whom the goods and/or services were provided.

- **Child SSN =** Child's social security number for whom the goods and/or services were provided.

- **Birth Date =** Child's birth date for whom the goods and/or services were provided. <u>This must be MM/DD/YY format including slashes.</u>

- **Sex =** Child's ex code **M** or **F** (male or female) for whom the goods and/or services were provided.

- **Proc Code = 004.**

- **Allot Code =** One of the following two digit allotment codes must be used.

    20 = non-custodial children.

    30 = custody children

- **County Code =** The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N =** A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be **N** for the provider codes in these instructions.

- **Vendor Invoice # =** The <u>vendor's invoice number</u> for goods and or services purchased. Maximum length is 10.

- **Service Start Date =** The date service started. <u>This must be MM/DD/YY format. Including slashes</u> **.** *Note:* Both the service start date and the service end date must be consistent with no breaks in attendance. See examples below.

- **Service End Date =** The date service ended. <u>This must be MM/DD/YY format including slashes</u>. *Note:* The invoice lines should be separated by breaks in attendance. See example below.

- **Examples** (Service Start Date and Service End Date)

  1. Child attends class for the month of September 1999 on the following days: 2, 7, 14, 15, 27, 28, 29, and 30. The invoice will be completed as follows:

Start Date: 9/2/99	End Date: 9/2/99	Units = 1
Start Date: 9/7/99	End Date: 9/7/99	Units = 1
Start Date: 9/14/99	End Date: 9/15/99	Units = 2
Start Date: 9/27/99	End Date: 9/30/99	Units = 4

     Total Units = 8
     ALL ON SEPARATE LINES ON THE INVOICE

  2. Child attends class for the month of September 1999 on the following days: 1 - 3, 10, 15-24, and 28-30. The invoice will be completed as follows:

Start Date: 9/1/99	End Date: 9/3/99	Units = 3
Start Date: 9/10/99	End Date: 9/10/99	Units = 1
Start Date: 9/15/99	End Date: 9/24/99	Units = 8
Start Date: 9/28/99	End Date: 9/30/99	Units = 3

     Total Units - 15
     ALL ON SEPARATE LINES ON THE INVOICE

  3. Child attends class for the month of September 1999 on all of the class days. The invoice will be completed as follows:

     Start Date: 9/1/99   End Date: 9/30/99   Units = 21
     ONE LINE ONLY ON THE INVOICE

- **Unit =** For contracts with a daily rate the Unit is the number of authorized days, determined by class attendance in program. Maximum number of units (per week) is 5.

- **Amount =** For contracts with a daily rate the amount must equal the number of authorized days times the rate.

- **Page __of___ =** The first blank equals the current page number and the second blank equals the total number of pages in the invoice.

- **Page Total =** The page total must equal the sum of the amount column.

- **DCS Case Manager =** The signature of the regional approver authorizing this payment.

- **Date =** The date the regional approver signed authorizing this payment.

- **Position # =** The complete 18 digit position number of the regional approver authorizing this payment.

- **Print Name =** The printed name of the regional approver authorizing this payment.

- **Phone =** The day time phone number of the regional approver authorizing this payment.

- **DCS Case Supervisor =** The signature of the case supervisor authorizing this payment. <u>Leave blank at this time</u>.

- **Date =** The date the case supervisor signed authorizing this payment. <u>Leave blank at this time</u>.

- **Position # =** The complete 18 digit position number of the case manager authorizing this payment. <u>Leave blank at this time</u>.

- **Print Name =** The printed name of the case supervisor authorizing this payment. <u>Leave blank at this time</u>.

- **Phone =** The daytime phone number of the case supervisor authorizing this payment. <u>Leave blank at this time</u>

- **DCS Case Signature =** Central office approving signature. **If required,** <u>Central Office personnel will obtain the necessary information.</u>

- **Date =** The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.

- **Position # =** The complete 18 digit position number of the person in central office authorizing this payment.

- **Print Name =** The printed name of person in central office authorizing this payment.

- **Phone =** The daytime phone number of the person in central office authorizing this payment.

- **Pre-Audit =** The signature of the person performing the pre-audit.

- **Date =** The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.

- **Position # =** The complete 18 digit position number of the person performing the pre-audit.

- **Print Name =** The printed name of person performing the pre-audit.

- **Phone =** The daytime phone number of the person performing the pre-audit.